

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 QIC Minutes

Type of Meeting	QIC	Date	February 17, 2015
Place	St. Anne's Maternity Home, 155 North Occidental Blvd., Los Angeles 90026	Start Time	10:30 a.m.
Chair & Co-Chair	Anahid Assatourian and Alyssa Bray	Adjournment	Noon
Members Present	<p>Kanisha McReynolds at Amanecer; Silvia Yan at APCTC; Donetta Jackson at The Anne Sippi Clinic; Lisa Sumlin and Phachara Sujirapanya at Aviva Center; Nahara Martinez and Regina Esparza at CHCADA; Leslie Shrager at Children's Bureau of Southern California; Christina Kubojiri at CII; Rosie Garcia at Didi Hirsch Metro Center; Maribel Nieves at Dignity Health; Rebecca Okpere & Karin Bonwitt at Downtown MHC; Wendy Lopez at DMH EOB; Mark Borkheim and Michael Boroff at DMH QI; Diann Kaainoa at DMH/SFC; Jose Guerra at Eisner; Michael Oisen & Carmen Vargas at ENKI; Jeannette Aguilar at Exodus Recovery; Linda Kaye at Gateways Hospital; Ruby Minassian at Hathaway-Sycamores; Beth Foster at Hillslides; Brooke Slusser at Hollygrove; Dora Escalante & Miliza Avila at JFS; Nayon Kang KYCC; Connie Chung Joe at KAFS; Francisco Carrillo at LAMP; Frankie Nixon at Optimist Youth Homes; Judi Stadler & Daisyl Dsul at Para Los Ninos; Crystal Carrillo at SSG Project 180; Iris Lee at SSG; Reza Khosrowabadi at St. Anne's Maternity Home; Martha Arechiga at Telecare Corp.; Patricia Perez at UAlI; Dessiree Odom at VIP</p>		
Absent Members	<p>AIDS Project LA, BHS, CHLA, DMH/ASOC, DMH MAT, Aviva; DMH SA4 Navigation Team, DMH/PRO, DMH/QA, DMH/PSB, DMH/OMD, FASGI, Gateways Community MHC, IMCES, LA Child Guidance Center, LAC-USC Medical Center, LA Gay & Lesbian, Mental Health America, Northeast MHC, Pacific Clinics, SSG API Alliance ACT, Star View Children and Family Services, The Saban Free Clinic, Travelers Aid Society of LA.</p>		
Introductions	Conducted by QIC membership		
Minutes Approval	The January minutes were reviewed and approved		
Announcements	None		

QUALITY IMPROVEMENT

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Cal Medi-Connect	<p>Cal Medi-Connect – (see handout) Alan Lert presented the Cal Medi-Connect Project and went through the handout provided. The key factor of this process is to integrate and coordinate all services for clients who are eligible for both Medicare and Medi-Cal benefits and services. It is important to send copies of Client Treatment Plans to the Health Plans (HP) of the client. District Chiefs will be getting (and sending out) reports of clients whose Treatment Plans have not been received by the Health Plans and will be following up with providers about this. Treatment Plans must be sent to Health Plans pro-actively. Make sure you send the Client Treatment Plan to the correct HP!</p>		Alyssa Bray
<u>EQRO</u>	<p>EQRO review – Will begin April 27 – 30 and the Service Areas of focus will be 7 and 8. There will be a meeting with District Chiefs again this year. This is a new EQRO company this year, so DMH will need to learn their process and build relationships with them.</p> <p>QID Plans and Goals – Shared current thoughts, but nothing is finalized. Some goals remain the same to show that they can maintain the numbers, others have been increased.</p>		

	<p>ACCESS Center – Staffing issues have led to not being able to answer phone calls within one minute (one of the QID goals). They are working on implementing a workforce forecasting tool to help find glitches and come up with plans to improve call response times. Even with a single staff out, times are affected. Also, SRTS referrals get in the way of responding to calls quickly.</p>		
<p align="center">QUALITY IMPROVEMENT</p>			
<p>MHSIP Data Analysis Guidelines</p>	<p>MHSIP data analysis guidelines – see handout. If your agency submitted at least 30 surveys and is interested in analyzing the data, you can look at it through these guidelines, or let your QIC Liaison/Chair know that you would like assistance from the QI Department.</p>	<p><u>Decisions/ and Recommendations/ Scheduled Actions/ Task</u></p>	<p><u>Responsible Person/ Due Date</u></p>
<p><u>Clinical Quality Improvement OMD Report</u></p>	<p>OMD (Office of the Medical Director) – <u>For Directly Operated ONLY</u> – Meaningful use outcome measures that are part of the ACA (Healthcare Reform) and the funding DMH received to implement IBHIS are required as part of this agreement. There were 15 to 20 measures provided by the Federal Govt. LACDMH could choose some of them, but some of them are required. There will be 10 total measures, and three are starting to</p>		

<p><u>Cultural Competency Update</u></p> <p><u>Policy Update-Office of Compliance</u></p>	<p>roll out tentatively through a pilot in the Fall. Clinics are trying to adjust their workloads to fit in the extra work. Further measures will be rolled out including suicidal assessment. They are all good measures; they are just trying to figure out how to fit these into existing tasks. The three measures being implemented (with DO only) are 1) Screening for Smoking; 2) Medication Reconciliation (psychotropic and physical meds); and 3) BMI, BP, and collecting weights (they have been working on this for a while, as it is related to medications prescribed including antipsychotics).</p> <p>OMD - Safety Intelligence - They are in the final stages of approving this electronic tool and are halfway through collecting contact information from agencies. There have been a lot of questions regarding user roles and problems with tokens (which is a conversation to have with CIOB). Once SI goes live, tokens will be distributed for identified users of SI. Agencies continue to struggle with tokens not being received and having problem with passwords.</p> <p>CCC (Cultural Competency Committee) – Marc presented the strategic plan for CRDP.</p> <p>Compliance – Please see handout for updates to policies.</p>		
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QUALITY ASSURANCE

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Announcements	<p>NCQA Accreditation – LACDMH QA is exploring the possibility of getting accredited by NCQA – a national accreditation that would allow them to qualify for some health plans they'd like to join. They are having an agency come out (Mihalik Group) to look at their processes to see what is needed for NCQA Accreditation. This group might also be asking for some files from Providers (especially FSP Providers). It's important to note that LACDMH QA is just "exploring" whether they can get accredited by NCQA, as this accreditation is more for companies like Anthem than LACDMH, but they are just checking it out. If they are accredited, it would include all DMH providers (DO and LE) and it will be limited to only specific things we do, not everything. The Mihalik Group will be attending lots of stakeholder meetings over at least a couple of months to learn about processes.</p>	
	<div><div><div><div><div>Decisions/ and Recommendations</div><div>Actions/Scheduled</div><div>Task</div></div></div></div></div>	<div><div><div>Responsible Person/Due Date</div></div></div>

Upcoming Audits & Reviews	<p>Meeting with the Auditor-Controller – With Audits, there are “disallowances” and “findings”. There is some subjectivity to this. “Findings” tend to be more subjective, and although they are not monetary, they are reported to the Board of Supervisors. It came to a head between A/C and DMH from the perspective of Providers questioning audit results. This issue has come up in other counties, too. This is being paralleled at the State level. LACDMH and the A/C had a meeting last Friday (included top people, including Deputy Directors of LACDMH). They discussed the differences between disallowances and findings, and how findings should be handled. They also discussed training and assistance coming from A/C auditors and the conflict of interest inherent in that. DMH and A/C came to an agreement and this information is going to be laid out for us more specifically as soon as they write it out. DMH QA took agency concerns seriously and took it to the A/C. Most issues agencies complained about were clinically related (such as when A/C said that diagnoses weren’t justified and supported). Discussions and agreements were about moving forward, not retroactively. Discussions were not about recoupment, but if agencies think specific recoupments are unfair, please reach out to DMH QA.</p> <p>A/C is auditing VIP, Providence, and Alcott in February.</p>	
State DHCS Update	<p>DSM 5 and ICD 10 – LACDMH QA is working on this task as part of a workgroup. At the State level, they are trying to decide which diagnoses should be included, which ICD 10 codes should be included, and are considering putting an edit in the State system that would ONLY allow claims submitted with approved diagnoses.</p>	

	<p>LACDMH is trying to figure these things out with the State. If they include these edits, LACDMH is asking them to hold off on doing this for a while. They would want the billing to start for a while first, and then they could impose the edits at a later date. In the meantime, it's important for everyone to know that the <u>DSM 5 transition will NOT happen October 1st</u> as previously stated. There are too many things to discuss, decide upon, and ultimately plan for, to be able to be ready to roll it out in October. They will let us know when a roll-out time frame is decided upon.</p>		
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<p><u>Documentation</u> <u>Training &</u> <u>Technical</u> <u>Assistance</u></p>	<p>Trainings – Please see handout. Important reminder -- If providers register but can't attend; it is important that they contact DMH and cancel their registration. Trainings have happened where the registration was full and they had to turn people away, only to have people not show up and them having a lot of open seats. Please be courteous and cancel ahead of time if you don't plan to attend.</p> <p>QA Reports for LE's – DMH QA have not received QA Reports from all Contract Providers. DMH QA will be notifying QIC Liaisons of Agencies who have not sent in their QA reports. If your agency has not sent yours in, please do so ASAP.</p>	<p><u>Decisions/ and Recommendations Actions/Scheduled Task</u></p> <p><u>Responsible Person/Due Date</u></p>

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<p>IBHIS Update</p>	<p>IBHIS – There have been many concerns expressed by Providers in the IS as to how to check if a client is being seen by a Provider in the IBHIS system. They are still in the process of trying to develop a way for IA Providers to look up if someone's being seen by an IBHIS Provider, but HIPAA laws are making it challenging (every plan they come up with won't work due to HIPAA laws). They are still working on coming up with a solution for this problem.</p> <p>Transition for Directly Operated ONLY between paper charts and electronic charts. In terms of Assessments, they've been considering three different options – 1) Have therapists write a Full Assessment when new Treatment Plans are due (pro – they'd be in IBHIS quickly; con – too much work for therapists); 2) Do a Full Assessment when the second updated Treatment Plan is due (pro – gives therapists an extra year to enter it into IBHIS; con – that's an extra year that it is not in IBHIS); 3) Do a Full Assessment when it comes due (three year mark) – (pro – stays on scheduled timeline; con – it will take three years to get the Assessment into IBHIS, and there is no trigger in IBHIS for this date). DMH is</p>	<p>Decisions/ and <u>Recommendations</u> <u>Actions/Scheduled</u> <u>Task</u></p>	
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<p><u>Medi-Cal Certification</u></p>	<p>seeking feedback from Providers who have gone through this transition. Overwhelming feedback has been to scan the current Assessment into the EHR and keep the timeline intact for the therapists.</p> <p>Certification – (see Bulletin) – The State has asked that DMH separate lockouts from a single Provider number. For example – MHS cannot co-exist under the same Provider Number as Crisis Stabilization services because MHS are not allowed under CSS. Certification will be contacting Providers to separate these two different types of programs under two different Provider Numbers.</p> <p>Clinical Forms Bulletin Proposal – (not even a draft, just a proposal of a Bulletin that could potentially replace the Clinical Records Bulletin). The top part of the form will say the same thing – giving rules for LE versus DO re clinical forms. <u>DMH is moving all forms to data element forms.</u> On this Bulletin, a grid will be present with new forms, updated forms, and obsolete forms with specific information on who they apply to, their purpose, etc. DMH QA receives a lot of questions that represent confusion regarding data elements that are required for electronic data transmission versus information that is required on clinical forms. Data elements required on clinical forms include all required electronic data transmission elements, however, the opposite is NOT true, and agencies appear to be confused about this. The fact that there is a difference between these two requirements is emphasized on this proposed Bulletin. This Bulletin is only in the conversation place at this point. We will be updated when decisions are made about it.</p>	
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Policy on Assessment for new clients – For a new client who has been seen by another Provider, follow the policy that Assessments need to be current, complete, and accurate. You need to do whatever it takes to make it current, complete, and accurate. This can be an Addendum to an existing Assessment that brings all information current, complete, and accurate. Providers should be reviewing information on the Assessment (from another Provider) with the client to ensure the information continues to be accurate, and then updating the parts that need to be updated.

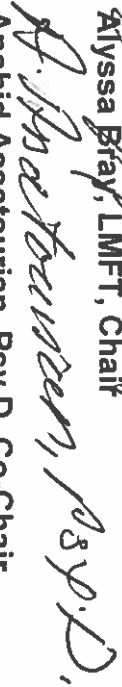
	<p>Housing – LACDMH QA went to a meeting with DO's in SA 4 related to the housing work they're doing. There was a discussion about what needs to be in place in order to bill for services related to housing. QA stated the services need to individualize to the specific client needs in the Assessment, Treatment Plan, etc. The providers expressed challenges related to where the clinical loop with these services can fall apart. There was no final conclusion as to how Providers would handle it. LACDMH QA asked for specific, real examples to be presented to them so they can analyze them and give specific guidelines as to how to address them.</p> <p>Clinical Documentation Training – They are adding some TCM (Targeted Case Management) examples and are looking to develop a TCM training that includes some Rehab. This may take some time; they will keep us informed as they work on it.</p> <p>Supplemental Services to "Meds Only" clients – Many questions have come up regarding supplemental services for clients who are only wanting/receiving Med Support Services. Thoughts on having Rehab Services grounded in the Treatment Plan and individualized to each client. This is not an easy discussion. There needs to be meaningful interaction with these clients (not just scheduling med appointments). It's really about clinical practice – how to shape conversations towards clinical practice while receiving medications. It is not just trying to get them engaged in clinical services; it's actually providing those services. Even if it the client agreeing to you adding those services to his/her treatment plan and then when they call for, including these topics/interventions in the call/meeting. As part of this</p>	
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<u>Presentation</u>	conversation, it was emphasized that DMH QA has never known "one time" services to pass in an audit. Topic of the presentation was Agency's QA Process, Alyssa Bray QA Director of Five Acers present the Five Acres QA Process in detail.		
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Next Meeting: Tuesday, March 17, 2015
St. Anne's Maternity Home
155 N. Occidental Blvd.
Los Angeles, CA 90027

Respectfully submitted,


Alyssa Bray, LMFT, Chair


Anahid Assatourian, Psy.D. Co-Chair